

72

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>JA</i>	<i>32</i>	<i>11/1</i>
O.I.P.E. CLASSIFIER	<i>CC</i>	<i>1080</i>	<i>8-14-0</i>
FORMALITY REVIEW	<i>A.M.</i>	<i>JC 580</i>	<i>02-11-02</i>
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓	.....	Rejected
=	.....	Allowed
—	(Through numeral)...	Canceled
÷	.....	Restricted

N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/13
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
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14	✓	✓	
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Claim		Date						
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Claim	Date						
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**If more than 150 claims or 10 actions  
staple additional sheet here**

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BEST AVAILABLE COPY

20-11-20  
187-25  
11/18  
707